



General Assembly

January Session, 2017

Raised Bill No. 883

LCO No. 4123



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT REDEFINING MAMMOGRAM AND LIMITING COST-SHARING
FOR MAMMOGRAMS AND MAGNETIC RESONANCE IMAGING OF
BREASTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-503 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2018*):

3 (a) For purposes of this section:

4 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
5 means the billing codes used by Medicare and overseen by the federal
6 Centers for Medicare and Medicaid Services that are based on the
7 current procedural technology codes developed by the American
8 Medical Association; and

9 (2) "Mammogram" means a procedure with a HCPCS code of 77051,
10 77052, 77055, 77056, 77057, 77063, G0202, G0204, G0206 or G0279.

11 [(a)] (b) (1) Each individual health insurance policy providing
12 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and

13 (12) of section 38a-469 delivered, issued for delivery, renewed,
14 amended or continued in this state shall provide benefits for
15 [mammographic examinations] an annual mammogram to any woman
16 covered under the policy [that are at least equal to the following
17 minimum requirements: (A) A baseline mammogram, which may be
18 provided by breast tomosynthesis at the option of the woman covered
19 under the policy, for any woman who is thirty-five to thirty-nine years
20 of age, inclusive; and (B) a mammogram, which may be provided by
21 breast tomosynthesis at the option of the woman covered under the
22 policy, every year for any woman] who is forty years of age or older.

23 (2) Such policy shall provide additional benefits for:

24 (A) Comprehensive ultrasound screening of an entire breast or
25 breasts if a mammogram demonstrates heterogeneous or dense breast
26 tissue based on the Breast Imaging Reporting and Data System
27 established by the American College of Radiology or if a woman is
28 believed to be at increased risk for breast cancer due to family history
29 or prior personal history of breast cancer, positive genetic testing or
30 other indications as determined by a woman's physician or advanced
31 practice registered nurse; and

32 (B) Magnetic resonance imaging of an entire breast or breasts in
33 accordance with guidelines established by the American Cancer
34 Society.

35 [(b)] (c) Benefits under this section shall be subject to any policy
36 provisions that apply to other services covered by such policy, except
37 that no such policy shall impose: [a] (1) A copayment that exceeds a
38 maximum of twenty dollars for an ultrasound screening under
39 subparagraph (A) of subdivision (2) of subsection [(a)] (b) of this
40 section; (2) a copayment that exceeds a maximum of twenty dollars for
41 magnetic resonance imaging under subparagraph (B) of subdivision
42 (2) of subsection (b) of this section; or (3) any coinsurance, copayment,
43 deductible or other out-of-pocket expense for a mammogram under

44 subdivision (1) of subsection (b) of this section.

45 ~~[(c)]~~ (d) Each mammography report provided to a patient shall
46 include information about breast density, based on the Breast Imaging
47 Reporting and Data System established by the American College of
48 Radiology. Where applicable, such report shall include the following
49 notice: "If your mammogram demonstrates that you have dense breast
50 tissue, which could hide small abnormalities, you might benefit from
51 supplementary screening tests, which can include a breast ultrasound
52 screening or a breast MRI examination, or both, depending on your
53 individual risk factors. A report of your mammography results, which
54 contains information about your breast density, has been sent to your
55 physician's office and you should contact your physician if you have
56 any questions or concerns about this report."

57 Sec. 2. Section 38a-530 of the general statutes is repealed and the
58 following is substituted in lieu thereof (*Effective January 1, 2018*):

59 (a) For purposes of this section:

60 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
61 means the billing codes used by Medicare and overseen by the federal
62 Centers for Medicare and Medicaid Services that are based on the
63 current procedural technology codes developed by the American
64 Medical Association; and

65 (2) "Mammogram" means a procedure with a HCPCS code of 77051,
66 77052, 77055, 77056, 77057, 77063, G0202, G0204, G0206 or G0279.

67 ~~[(a)]~~ (b) (1) Each group health insurance policy providing coverage
68 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
69 38a-469 delivered, issued for delivery, renewed, amended or continued
70 in this state shall provide benefits for [mammographic examinations]
71 an annual mammogram to any woman covered under the policy [that
72 are at least equal to the following minimum requirements: (A) A
73 baseline mammogram, which may be provided by breast

74 tomosynthesis at the option of the woman covered under the policy,
75 for any woman who is thirty-five to thirty-nine years of age, inclusive;
76 and (B) a mammogram, which may be provided by breast
77 tomosynthesis at the option of the woman covered under the policy,
78 every year for any woman] who is forty years of age or older.

79 (2) Such policy shall provide additional benefits for:

80 (A) Comprehensive ultrasound screening of an entire breast or
81 breasts if a mammogram demonstrates heterogeneous or dense breast
82 tissue based on the Breast Imaging Reporting and Data System
83 established by the American College of Radiology or if a woman is
84 believed to be at increased risk for breast cancer due to family history
85 or prior personal history of breast cancer, positive genetic testing or
86 other indications as determined by a woman's physician or advanced
87 practice registered nurse; and

88 (B) Magnetic resonance imaging of an entire breast or breasts in
89 accordance with guidelines established by the American Cancer
90 Society.

91 [(b)] (c) Benefits under this section shall be subject to any policy
92 provisions that apply to other services covered by such policy, except
93 that no such policy shall impose: [a] (1) A copayment that exceeds a
94 maximum of twenty dollars for an ultrasound screening under
95 subparagraph (A) of subdivision (2) of subsection [(a)] (b) of this
96 section; (2) a copayment that exceeds a maximum of twenty dollars for
97 magnetic resonance imaging under subparagraph (B) of subdivision
98 (2) of subsection (b) of this section; or (3) any coinsurance, copayment,
99 deductible or other out-of-pocket expense for a mammogram under
100 subdivision (1) of subsection (b) of this section.

101 [(c)] (d) Each mammography report provided to a patient shall
102 include information about breast density, based on the Breast Imaging
103 Reporting and Data System established by the American College of
104 Radiology. Where applicable, such report shall include the following

105 notice: "If your mammogram demonstrates that you have dense breast
106 tissue, which could hide small abnormalities, you might benefit from
107 supplementary screening tests, which can include a breast ultrasound
108 screening or a breast MRI examination, or both, depending on your
109 individual risk factors. A report of your mammography results, which
110 contains information about your breast density, has been sent to your
111 physician's office and you should contact your physician if you have
112 any questions or concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>January 1, 2018</i>	38a-503
Sec. 2	<i>January 1, 2018</i>	38a-530

Statement of Purpose:

To: (1) Redefine mammogram; and (2) limit coinsurance, copayments and deductibles certain health insurance policies may impose on mammograms and magnetic resonance imaging of breasts.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]